

STATE OF HAWAII
UNITED STATES SAVINGS BONDS AUTHORIZATION

PRINT IN BLUE INK OR TYPE

EFFECTIVE DATE _____ SOCIAL SECURITY NUMBER _____

EMPLOYEE'S NAME _____
LAST FIRST M.I.

DEPARTMENT/AGENCY DIVISION OR BRANCH LOCATION WORK PHONE

REQUESTED ACTION

For allotment options, see your
campaign volunteer or payroll office

☐ **A New Allotment** ☐ **B Increase Allotment** ☐ **C Change Denomination** ☐ **D Change Inscription** ☐ **E Other Action**
(Describe below)

OTHER ACTION

If checked above

If you checked A, B, C, or D above indicate amount to be allotted each month. \$ _____

CHOOSE SERIES

☐ **I BOND**

☐ **EE**

(The price of an EE bond is equal to half the denomination of the bond being purchased.)
(The price of an I bond is equal to the denomination of the bond being purchased.)

SELECT DENOMINATION

☐ \$50 ☐ \$75
I Bond only

☐ \$100 ☐ \$200 ☐ \$500 ☐ \$1,000
I Bond or Series EE

BOND INSCRIPTION

OWNER'S NAME _____
(First Name) (Middle Name or Initial) (Last Name)

SOCIAL SECURITY NO. (Required) _____

ADDRESS { _____
(Number and Street)

(City or Town) (State) (Zip Code)

☐ **Check one if you wish to designate a co-owner or beneficiary** ☐ **CO-OWNER** ☐ **BENEFICIARY**

NAME _____
(First Name) (Middle Name or Initial) (Last Name)

SOCIAL SECURITY NO. (Optional) _____

NOTE: Married women should use their given names, e.g., "Mary L. Smith". If co-owner or beneficiary is designated, the inclusion of that individual's Social Security number is desirable but not required. The use of courtesy titles is optional.

DATE _____

EMPLOYEE'S SIGNATURE _____
(Sign in blue ink)

I hereby authorize the foregoing allotment from my pay for the purchase of U.S. Savings Bonds to be issued with the inscription shown on this form. This authorization is to remain in effect until cancelled by me in writing or termination of my employment.

Return signed form to your Personnel office